

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2009
Secretary of State**

DOCUMENT# N93000003362

Entity Name: LIGHTHOUSE HOLINESS REHOBOTH SEVENTH DAY SABBATH CHURCH, INC.

Current Principal Place of Business:

C/O REV.LETORA A. BARRETT
16354 SOUTHWEST 15 STREET
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

C/O REV.LETORA A. BARRETT
16354 SOUTHWEST 15 STREET
PEMBROKE PINES, FL 33027 US

New Mailing Address:

FEI Number: 65-9029116 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARRETT, LETORA A REV
16354 SOUTHWEST 15 STREET
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARRETT, LETORA REV
Address: 16354 S.W. 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: HESSING, LINVAL
Address: 6530 SW 8TH ST
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: HENRY, M LANSLEY R
Address: 967 NE 145TH ST
City-St-Zip: N MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LETORA BARRETT

Electronic Signature of Signing Officer or Director

REV.

05/01/2009

_____ Date